V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH		[3]		01
County Cull Village or City Cull	<b>7</b> 4	No	Registration Dist. No.	St., Ward
Length of residence in city or town where de	(II	death occurred in a horpital or institutionds. How long in U.S. if of f		
2. FULL NAME My. Mar	y C. Barley		pecify WAR	***************************************
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or to	own and State
PERSONAL AND STATISTIC	CAL PARTICULARS		RTIFICATE OF DEA	ATH
3. SEX 7. 4. COLOR OR RACE While	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Month) (Day)	, 193(Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	V. Bailey	22. Sell HEREBY	CERTIFY, That I a	
6. DATE OF BIRTH (month, day, and yaer) 7. AGE Years Months	Day's If LESS than	I lest saw here alive on to heve occurred on the date stated	24.0	19 <b>3. 2</b> ; death is seld
8. Trade, profession, or perticular	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of Importer	Date of one et
kind of work done, as SPINNERO SAWYER, BOOKKEEPER, etc	ruse srige	Che Internation	x Mapleili	1912
SAW MILL, BANK, etc	11. Total time (yeers) spent in this opappation			
12. BIRTHPLACE (city or town) Cycel (State or country)	Co, Ind	Other Contributery Causes of Import	/ · ·	er of the
The state of the s	accourse	<i>UQ</i>	ft.	Cocs 190
13. NAME (DEUGANNUM)  14. BIRTHPLACE (city flown)  (State or coupin)	l Co, Ma	Neme of operation Associate What test confirmed diagnosis?		here an autopsy?
15. MAIDEN NAME Warfac	Af o Educas	. If deeth was due to external cause		
16. BIRTHPLACE (city or town) (State or country)	in G, gru	Accident, suicide, or homicide? Where did injury occur?		
17. INFORMANT Edgia B. (Address)	Husfelt	Specify whether injury occurred in i	(Specify city or town, county NDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOTE PIROPELLIAN  PIROPELLIAN	Jose Hov. 27, 1957	Manner of Injury		
19. UNDERTAKER	sid,	24. Was disease or Injury In any way If so, specify	releted to occupation of dece	ased? La-
20. FILED MOV. 26, 19.37	Down	(Signed)	millingh	the leve M. D.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC S.	11		
Other contributory causes of importance:	The Later of	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ALY, WITH UNFADING INK-THIS IS A PERMANENT RI MARGIN RESERVED FOR BINDING

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state RD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. N. B.-WRITE PD

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	@ \alpha \lambda
County Cece 0	Registration Dist. No.
Village or City T3 Lythe	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or Own where death occurredyrsmos	
2. FULL NAME & till born	Barrow-
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oey)  (Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) No U - 6 - 1937-	I last saw h ham alinated NN 6, 1937; deeth is said
7. AGE Yeers fill Born - I deyhrs.	to heve occurred on the dete steted above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Still Jonn -
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Dete decesed last worked at this occuration (month and	
10. Dete deceesed last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)  (State or country)	Outer Controllery Canes of Importance.
13. NAME Leonard Tsaublin Barrow	
13. NAME Ferred Taublingson  14. BIRTHPLACE (city or town)  (Stete or country)	Name of operation Oate of Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Ellew Matilda Fickman	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME CALLED TO THE STATE OF THE S	Accident, suicide, or homicide? Dete of injury, 19
17. INFORMANT Feonord F. Barrow. (Address) Perupula had	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL PIECE Oate 0.11-7 37	Manner of injury
19. UNDERTAKER & alker Leonard Dormer (Address) Bly thedale	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 11-6, 1937 Coff Lawleson Resistrar.	(Signed) O. Core Debout W. O.  (Address) Park Debout W.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car A Jau	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		034/3039	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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10

1. PLACE OF DEATH ( 50)	
County Cecemitain components LIMITS of No. 92	
Willow or City Gelden PORATE LIMITS OF NO Leven for	Ward
Village or City No. St.,  (If death occurred in a hospital or institution, give its NAME instead of street and numl	
Length of residence In City or town where death occurredyrs,mos ds How long in U.S. if of foreign birth?yrs,mos	ds.
2. FULL NAME has is Bourand	
(a) Residence: No. Chesapeake City (Isual place of a lode) St., Ward. Chesapeake City of town and State	hud.
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAGE OR DIVORCED (write the word)  21. DATE OF DEATH (Month) (Day)	3.7 (Year)
5a. (Charried, widowed, or divorced	
USBAND of (or) WIFE of	
	19_3_4
6. DATE OF BIRTH (month, day, and year) Weene who less alive on 19.3.7; do	ath is said
7. AGE Years Months Days IP LESS than to have occurred on the date stated above, at	
min of the care of	te of onset
8. Trade, profession, of particular kind of work done, as SPINNER,	
SAWYER, BOOKKEEPER, etc.	u
9. Industry or business in which work was done, as SILK MILL, Truework was done, as SILK MILL,	und:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at spent in this securation (month and spent in this securation (month and spent in this	
this occupation (month and spant in this occupation control occupation	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Date of  (State or country)	
Name of operation	
What test confirmed diagnosis? Was there an au'o	psy? u
15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury	
To least the suicide, or homicide? Date of Injury.	., 19
where did injury occurr	
(Specify city or town, county and State)  17. INFORMANT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  (Address)	
18. BURIAL, CREMATION, OR REMOVAL Manner of injury	
Place Marios Ceruetry Date Nov 18, 1937 Nature of injury	
and the state of t	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	
(Address) CK Tara 22 A If so, specify	
Ma) 18 33 & Branch Brasker (Signed) ( a melwell .	

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ALVO A.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

INGE

V. S. No. 1

1. PLACE OF DEATH	GERIFICATE OF DEATH 1182;
County COMPORAT	E LIMITS OF Registration Dist. No. 92
60 V2 1002.	
Village or City	NoSt.,Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmo	ds. How long in M.S. if of foreign birth?yrsmosds.
2. FULL NAMELLLY / andall	9 W Go. Veteran, specify WAR_
(a) Residence: No. 1 at Defoat	Stand Ward.
(Uydai place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 3 , 193 , 193 (Month) (Day) (Yéar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CHRIIFY That I attended deceased from
(1/2023 1871	1 last saw h alive on AD 19 death is sald
6. DATE OF BIRTH (month, day, and year) The State of the	to have occurred on the date stated abova, at 3/3 m.
1 dey,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows: Oate of one of
kind of work dons, as SPINNER, awyer	Lannany.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, Our Office .  10. Dete decessed last worked at 10. Dete decessed last worked at 11. Its accurating to meet a constant in this occurating to meet a constant in this securating to meet a constant in this securation of the constant in the constant in this securation of the constant in th	
SAM MILL, BANK, etc	funno
10. Dete deceesed last worked at this occupation then the secure this occupation to the secure the secure that the secure the secure that the secure the secure that the secur	
year) occupation occupation	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town) My Defrasi	
(State of country)	
13. NAME John, J. Band	
13. NAME Shu S. Band  14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
totale of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIOEN NAME DELLIEMORE  16. BIRTHPLACE (city or town) Europeanisms	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Eughprisus	Accident, suicide, or homicide!
(Stale or country) Pa	Whare did injury occur?
17. INFORMANT Urs Jucy Boud	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) 2726 My Calvert St, Balto, Mrd.	
18. BURIAL, CREMATION, OR REMOVAL CAME	Mannar of injury
blockstrygungham Date Nov. 67,197/	Neture of injury
19. UNDERTAKER Lee a. Patterson	24. Was disagse or injury in any way releted to occupation of decaasad?
(Address) Jerry villes and 1	If so, spacify of A A MACO
	A COLONIA MANAGEMENT
on our 4/1.37 + paul - war er	(Signed Con of Cook of M. M.

CTATE OF MADY AND CEDTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

dyce and Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting W.S. No. 12.

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HUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ä

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 11047
County lolect	(93-C) Registration Dist. No. 70
Village or City Washington	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred	ds. How long in U. S. if of foraign birth?mosds.
2. FULL NAME arry Ethiely	3 10 0 Kit U.S. Veteran, specify WAR
(a) Residence: No. / Clusual place of abode)	2 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.73EX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, ON DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of bell In Brooks	22. I HEREBY SERTIFY, That I attended dacassed from
6. DATE OF BIRTH (month, day, and year) 6 W 187	I last saw h aliva on, 19; daath is saic
7. AGE Years Months Days If LESS then	
58 5, 3 1 day,h	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance were es follows:
8. Trade, profassion, or particular kind of work done, as SPI WER SAWYER, BOOKKEEPER, etc.	Cardiai
kind of work done, as SPINDER SAWYER, BOOKKEEPER, etc.  SIndustry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decaasad last workad at this occupation (morth and	Wilatation
O 10. Date decaasad last workad at this occupetion (month and year) spent in this occupation	Primary course : Thronic myseard tis. Curton.
12 DIRTUDI ACE (aith or found)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)	0: 100 0:
2 13. NAMERICA and Treeman	Dilgnous made flating Judong "
13. NAME CHARACTER (city or town) 22 4'	Name of operation
(Stata or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME WWW VOLUMENTS 16. BIRTHPLACE (city or town)	23. If daath was due to externel ceuses (VIOLENCE) fill in elso the following:
[ 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Dete of Injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT South of Months of Charles of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place all tomanten Data 11, 69 ,190	Nature of Injury
19. UNDERTAKER To Justin James	24. Wes disease or injury in eny wey related to occupation of decaased?
20. FILED NW. 17., 1937 Down Registrar.	(Signed) Colombia Corona (Address) Ukung Sim Mal.
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.	j		
Other contributory causes of importance:	. December 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
PERSONAL PROPERTY OF THE PERSON OF THE PERSO			

-WRITE PLA

V. S. No. 1

of OCCUPA-

1. PLACE OF DEATH	(B)
County Cecil	Registration Dist. No. 96
Village or City Veterans' Administration	Facility, Perry Point, Maryland St., Ward
Length of residenca in city or town where death occurredyrs	mos. 8 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME BROWN, Sidney	If U. S. Veteran, specify WAR World
(a) Residence: No. 1410 St. James Stree	Richmond, Va. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WI	
male Negro OR DIVORCED (write to Single	No vemoer 2D 193 Z
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Yeer)  22. I HEREBY CERTIFY, Thet I attended deceased from
There	No vember 12 ,19 37 , to November 20 ,19 37
6. DATE OF BIRTH (month, day, and yaar)  7. AGE Years   Months   Days   If L	I last saw h im aliva on November 20 , 19.37; daath is sald
1 day,	to have occurred on the data stated above, at 9:10 P. M.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc	Nephritis, chronic upknown
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, atc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacassed last worked at this occuration (month and	
10. Date dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Jettersville, Va. (State or country)	Other Centributory Canses of Importance:  Velvular heart disease unknown Aortic insufficiency unknown
13. NAME Unknown	The state of the s
14. BIRTHPLACE (city or town) Unknown (Stete or country)	Name of operation —— Dete of
15. MAIDEN NAME Unknown	
16. BIRTHPLACE (city or town) Unknown (State or country)	23. If daath was due to externel ceuses (VIOLENCE) fill in elso the following:  Accidant, suicide, or homlcide?
17. INFORMANT Hospital records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18: BURIAL, OREMATION, OR REMOVAL Place Richmond, Va. Date.	Menner of injury
19. UNDERTAKER TELLILET TO SOLUTION (Address) Extra de Arge Mid	24. Was disease or injury in any way related to occupation of deceased? 10
20. FILED 11-210, 19 379 J. Danders	(Signed) (Signed) M. D. Addrass) The Line of A. M. D. Managor A. K. M. M. D. Managor A. K. M. M. D.
If more blanks are needed, address Sta	te Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I   WE	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy:	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A STEE OF STREET	

V. S. No. 1 N. B.—

STATE OF MARYLAND	-CERTIFICATE OF DEATH 11829
1. PLACE OF DEATH	
County County	Registration Dist. No
Village or City Soit Nefrosit	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yr	mos/ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME / WWW CHA ( ally )	Vell If U. S. Veteran, specify WAR.
(a) Residence: No. Sort Nestaur (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	
female white Warried (grife the word)	
5a. If merried, widowed, or divorced  HUSBAND OF Gorge Caurfbell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end years loft, 14, 187	1 lest saw h. ex alive on NOV-19 1937; deeth is said
7. AGE Yeers Months Days If LESS ther	to have occurred on the dete stated above, et. 6m.
	were as follows: Oate of one at
8. Trede, profession, or particular kind of work done, as SPINNER of SAWYER, BOOKKEEPER, etc.	Commany sclerous. 1931
kind of work done, as SPINNER of aux eyerrs SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Out of four lands and the same of the same	
10. Oate deceased lest worked at this occupation (month end 37) spant in this yeer)	
12. BIRTHPLACE (city or town I set the frosite)	Other Coatributory Caases of Importance:
(State or country)	arteriorderous 1927
13. NAME JOHN MC Cullought  14. BIRTHPLACE (city or town) Fort Defroat  (Stete or country)	Neme of operation
15. MAIDEN NAME by abeth fire.  16. BIRTHPLACE (city or town) Fixing Sun	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANTIS Claren Vove (Address) Forth etwoit, Mid.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CPEMATION, OR REMOVAL Place For Level Claud. Octo 100, 23, 19	Manner of Injury
19. UNDERTAKEN ELA Sallerson, (Address) Perryrlles ma,	24. Wes disease or injury in any way related to accupation of deceased?  If so, specify
20, FILED NOV. 2 8,1937 % Fr Soudess.	(Signed) M. D

(Address)

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING

RESERVED

ARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year
<i>Guidionico</i>	Muy1,1825	The structure of the st	1 year

PHYSICIANS should state N. B.-WRITE PLACLY, WITH UNFADING INK-THIS IS A PERMANENT RECOLD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-AGE should be stated EXACTLY. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. V. S. No. 1

1. PLACE OF DEATH	(12 C)
County Lecul	Registration Dist. No.
Village or City or Deferant, P.F.W.	No. St Wa
	If death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrs
2. FULL NAME Gertha M. Dubre	If U. S. Veteran, specify WAR
(a) Residence: No. 1017 My (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wysie the word)  A. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
(or) WIFE of William V. Kribrel	22. HEREBY CERTIFY That I attended decaasad from May 1937, to Movemby 193
. DATE OF BIRTH (month, day, and year) une 19, 1881	I last saw h. C. / aliva on
AGE Yaars Months Days If LESS than 1 day,hrs	I THE I KINCITAL CAUSE OF DEATH AND PAIRED CAUSES OF IMPORTANCE
1 Trade profession or particular	were follows:  Aremand Jung Date-of-pre
9. Industry or business in which work was done, as SILK MILL, Own Jame.	<b>V</b>
10. Data deceased ast worked at this occupation (month and year) 11. Total time (years) spent in this occupation 3.3	
2. BIRTHPLACE (city or town) York Co.  (State or country)	Othar Centributery Causes of importance:
13. NAME Franklin & Deprer	
13. NAME Franklin & Deaver  14. BIRTHPLACE (city or town) Collinsvilly (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Lancaster Co,	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
15. MAIDEN NAME Last of Francisco Co,  (State or country)  7. INFORMANT Illiams Rubree  (Address)  M. M	Whare dld Injury occur?  (Specify city or town, county and State)  Specify whather injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
B. BURIAL, PREMATION, OR REMOVAL Harford CO.  PSOC ACCUMENTATION CUN. Date NOV. 8 1937	Manner of Injury
O UNDERTAKEN EL a Catterson (Address Perry ville gold)	24. Was disease or Injury In any way related to occupation of deceased?
0. FILED/1-6 /1937 W Dauba Registrar.	(Signad) AMY TO MANUAL

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Other contributory causes of importance:		Other contributory causes of importance:	7
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
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# PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY.

UNFADING INK-THIS IS A PERMANENT RE properly classified. certificate. AUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of supplied. nation should be carefully 10N is very important. VLY, -WRITE PL

ARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.-

(Address)

20. FILED Mar 30

1937

1. PLACE OF DEATH COUNTY.  Village or City.  ND.  Village or City.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11832
County. Cecil WITMIN-OFN FOR ATE LIMITS OF NO.  Village or City Center of No. St. Ward.  Length of residence in city or town where death occurred. I.Q. yrs. mos. ds. How long in U.S. II of foreign birth? mos. ds.  2. FULL NAME CENTER MAND STATISTICAL PARTICULARS  JERSONAL AND STATISTICAL PARTICULARS  J. SEX 4. COLOR OR RACE SINGE, MARIER, WINDWED, OR BIVORCEO (write the word)  ON BUYCREO (write the word)  The PRESONAL OF BRITCH (Menth), day, and year)  E.DATE OF BIRTH (month, day,	1. PLACE OF DEATH	92.27
Length of residence in city or town where death occurred. A g. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  2. FULL NAME	County Cecil WITHIN	01
Length of residence in city or town where death occurred. A g. yrs. mos. ds. Now long in U. S. If of foreign birth? yrs. mos. ds.  2. FULL NAME	Village or City Elik Turns	
2. FULL NAME CATAMA Margared Country If U. S. Veteran, specify WAR.  (a) Residence: No. Use of Country If U. S. Veteran, specify WAR.  (b) Residence: No. Use of Country If U. S. Veteran, specify WAR.  (c) Residence: No. Use of Country If U. S. Veteran, specify WAR.  (d) Residence: No. Use of Country If U. S. Veteran, specify WAR.  (C) Ward.  (C) Ward.  (Hondriden give city or town and State  MEDICAL CERTIFICATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. DATE OF DEATH  2. I HEREBY CERTIFY, That I attended deceased from 1920. 10. 20. 27. 19. 3. 7.  (Month) (Osy) (Year)  22. I HEREBY CERTIFY, That I attended deceased from 1920. 10. 20. 27. 19. 3. 7.  (Month) (Osy) (Year)  23. Taske, profession, or particular wards of work done, as SINNER, at 20. 10. 20. 20. 20. 20. 20. 20. 20. 20. 20. 2	Vinage of City Control (if	
(a) Residence: No. West Classific (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE ON DIVORCED Coming the word)  S. SINCLE, MARRIED, WIDOWED, ON DIVORCED Coming the word (Wonth)  5. If married, widowed, or divorced HUSBAID of Organic the word (or) WIFE of Organic to the word (or) WIFE of Org	Length of residence in city or town where death occurred	ds. How long In U. S. If of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  1. COLOR OR RACE OR DIVORCED (carrie the word)  5. Il married, withouse, or divorced HISBANA (or) wife of Or Divorced H	2. FULL NAME Uma margaret Eu	verig If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE S. SINGLE, MARKIED, WIDOWED, OR DIVORCED (write the world HUSBAND of wife of profession, or particular  5. If married, widowed, or divorced HUSBAND of WIFE of HUSBAND O	(4) 110010011101	
3. SEX LOLD OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBARD of (city with the word)  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, at 20 day. hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, at 20 day. hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER, at 20 day. hrs. or. min.  9. Industry or business in which worked at 11. Total time (years)  10. Date deceased last worked at year)  12. BIRTHPLACE (city or town) (with a position)  13. NAME / Lobbart Mount of the work of the country)  14. BIRTHPLACE (city or town) (Siste or country)  15. BIRTHPLACE (city or town) (Lobbart Mount)  16. BIRTHPLACE (city or town) (Lobbart Mount)  17. INFORMANT M. Paluar Margadaux (Siste or country)  18. BIRTHPLACE (city or town) (Lobbart Mount)  19. Charter of the word of the word of the country)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Date deceased last work, country and Steic)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Date deceased last work, country and Steic)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Date deceased last work, country and Steic)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. Date deceased last work and a public place of the work of th		
HUSBAND of (or) WIFE of Greekh B Every 22.  i HEREBY CERTIFY, That I attended deceased from 19.0 to 2.7 19.87.  b. DATE OF BIRTH (month, day, end yeer) Oct 7 18.52  T. AGE Yeers Months Days If LESS than I day,	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("cortice the word)	Mor 27 1937
7. AGE Yeers Months Days If LESS than Idayhrs. or	HUSBAND of	
7. AGE Yeers Months Days If LESS than Idayhrs. or	6. DATE OF RIRTH (month day and year) Och 7 1857	liast saw h. alive on 227 1937 : death is said
8. Trade, profession, or particular kind of work done, as SPINNER, at Horizon SAWYER, BOOKKEPER, etc.  9. Industry or business in which work wes done, as SPINNER, at Horizon SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month end year)  (State or country)  12. BIRTHPLACE (city or town) Injury Spant in this occupation (State or country)  13. NAME Tobert Mout govern  14. BIRTHPLACE (city or town) Merry Advance (State or country)  15. MAIDEN NAME Saral M., Smith  16. BIRTHPLACE (city or town) Listerville (Stee or country)  17. INFORMANT  (Address) Elktor Mout advance of importance:  28. BURIAL, CREMATION, OR REMOVAL  Date of		O. C.
8. Trade, profession, or particular kind of work done, as SPINNER, at 2 vorume SAWER, BOOKKEPER, etc.  9. Industry or business in which work was one, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year) spent in this occupation (State or country)  12. BIRTHPLACE (city or town) Limitary and the second of the country of the second	1 1 2 1	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end years) spent in this occupation (month end year)  12. BIRTHPLACE (city or town) Live Device (State or country)  13. NAME Lobert Mortgory  14. BIRTHPLACE (city or town) Live Device (State or country)  15. MAIDEN NAME Sarah M. Smith  16. BIRTHPLACE (city or town) Chesterville  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  PLANE SAW MILL, BANK, etc.  19. Date deceased last worked at this occupation  Other Contributory Causes of importance:  Other Contributory Causes of	8 Trade profession or particular	acut Cardie dilatation Data of one et
12. BIRTHPLACE (city or town)   Cocupation   Other Contributory Causes of importance:   13. NAME   Notest   N	kind of work done, as SPINNER, at Avozue	
12. BIRTHPLACE (city or town)   Comparison	9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.	
13. NAME Lobert Montgorney  14. BIRTHPLACE (city or town) Paraller Lobert Montgorney  15. MAIDEN NAME Saral M. Smith  16. BIRTHPLACE (city or town) Chesterville  (State or country)  17. INFORMANT M. Palmer M. Fadder  (Address) Elktor M. Fadder  18. BURIAL, CREMATION, OR REMOVAL  Place F. Washer and State M. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury	- I shautin this	
(State or country)  13. NAME/Lobert Montgorney  14. BIRTHPLACE (city or town) Pleur Loradoral  (State or country)  15. MAIDEN NAME Saral M. Smith  16. BIRTHPLACE (city or town) Chesterville  (State or country)  16. BIRTHPLACE (city or town) Chesterville  (State or country)  17. INFORMANT M. Palmer M. Fadden  (Address) Elkton  18. BURIAL, CREMATION, OR REMOVAL  Place St Volum Cambra A. Menner of injury	Kingble ville	Other Contributory Causes of importance:
What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Oate of injury		
What test confirmed diagnosis? Was there an eutopsy? 23. If death was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide? Oate of injury	13. NAME/Robert mont growing	
Whet test confirmed diagnosis? Was there an eutopsy?  15. MAIDEN NAME Sarah M. Smith  16. BIRTHPLACE (city or town) Chesterville  (Stete or country)  17. INFORMANT WAS Palmer Mc Fadder  (Address) Elktor mid  18. BURIAL, CREMATION, OR REMOVAL  Place of Country Co	I Mear Lordon	Name of acception
15. MAIDEN NAME Sarah M. Smith  16. BIRTHPLACE (city or town) Chesterville (Stete or country)  17. INFORMANT M. Palmer M. Fadden (Address) Electron M. Smith  18. BURIAL, CREMATION, OR REMOVAL  Place St. Polices Cambridge (Specify city or town, county and State)  Menner of injury	(State or country)	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in industry, in Home, or in PUBLIC PLACE.  (Address) Elktor mid  18. BURIAL, CREMATION, OR REMOVAL  Place of Yolkura Camalian One 700 1037	15. MAIDEN NAME Sanale M Smith	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Elktor mid  18. BURIAL, CREMATION, OR REMOVAL  Place of County  Menner of injury  Menner of injury  Menner of injury	E Charten 700	
(Specify city or town, county and State)  17. INFORMANT Palmen Mc Fadden  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) Electron Menner of injury  Menner of injury	Stete or country)	
Dian It Johns Cumbur 20 Mm 30 1037	17. INFORMANT	(Specify city or town, county and State)
plan It voters aurilia con 100 30 1037	18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Lewittle a	Place It Johns Cumber Oate Mr 30, 1937	
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased?	10 HADDEDTAYED IN CAPPILL	A CONTRACTOR OF THE PARTY OF TH

Registrar.

if so, specify

(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
D				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

			1
	- >	:	
	14		

1. PLACE OF DEATH		(20)	,
County Ceal		Registration Dist. No	Ì
Village or City (als	ent.	NoS	t.,War
Length of residence in city or town where de-	, /	f death occurred in a hospital or institution, give its NAME instead of streetds. How long In U.S. if of foreign birth?yrs	
2. FULL NAME Trassen	Harper Gis	Son If U. S. Veteran, specify WAR	
(a) Residence: No.		St.,Ward.	
	(Usual place of abode)	If nonresident give city or tow	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	гн
Isale I while	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  ROLLWAY  (Month) (Day)	, 193
. If married, widowed, or divorced HUSBAND of (or) WIFE of Anna Res	el Gitson	22. HEREBY CERTIFY. That I att	(10-1)
DATE OF BIRTH (month, day, and year)	ay 22-1883	I last saw h. May alive on Marriage 25, 19	SZ; death is sa
AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the data stated abova, at 7.39 As.m.	
54 6	3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Datestons
8. Trade, profession, or particular kind of work done, as SPINNER.	9-11	Careinsua of face	1939
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laver	Posmany in skin of Afrage.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		a bosal-cell opithelionale curet	R
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spent in this occupation	-	
BIRTHPLACE (city or town) Mary.	land	Other Contributory Causes of Importance:	
(State or country)	4 1,1	-	
13. NAME Williams	11 Geram		
14. BIRTHPLACE (city or town)	ryland	Nama of operation Dat	a of
(State of country)	/ 01 -	What test confirmed diagnosis? Was the	re an autopsy?
15. MAIDEN NAME Mary 1  16. BIRTHPLACE (city or town) (State or country)	ampleon	23. If death was due to axternal causes (VIOLENCE) fill in also tha fo	Howing:
16. BIRTHPLACE (city or town)	naryland	Accident, sulcide, or homicide? Data of injury	, 19
(State or country)		Whera did injury occur? (Specify city or town, county a	16
(Address) Worth	fact ling by	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBL	IC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	110	Manner of injury	
Place Colvert and	Date // 0 2 7, 195	Natura of Injury	
O. UNDERTAKER Harries	E Afanalh	24. Was disease or injury in any way related to occupation of dacease	ed?
(Address)	v sona	If so, specify	till
D. FILED MATTER 19 3		(Signed) May 49 ( May	M.

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	Example I		Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	The same of the sa	July 5,1927	Peritonitis	3 days ago
			PA.	
	11 00-1886-50			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

IVIQ .

1. PLACE OF DEATH			83
County Gecil			Registration Dist. No. 96
Village or City Veterans  Length of residence In city or town w	Administr	etion Faci	lity Perry Point, Md. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)  s. 15 ds. How long in U.S. If of foreign birth?yrsmosds.
	s, Chester	L	If U. S. Veteran, specify WARWorld War
	(Usual place		If nonresident give city or town and State
PERSONAL AND STATE			MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE negro	OR DIYORCE	RIED, WfDOWED, D (write the word) OWOY	21. DATE OF DEATH No vember 15 (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Gussie Kai	ser		22. I HEREBY CERTIFY, That I ettended decessed from August 30 ,19 37, to November 15 ,19 3
6. DATE OF BIRTH (month, day, and year)	June 9,	1886	Hast saw h im elive on November 15 19 37 deeth is said
7. AGE Years Month:		If LESS then	to have occurred on the dete stated above, at
51 5	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importence were as follows:
12. BIRTH LACE (City of town)	11. Totel t	ime (years) nt in this upation! nkn CWN	General Paralysis of the insane unknown
(Stete or country)  Language Unknown -	dead		
I			Ammontonia (1980)
(State of Country)	aknown		Name of operation Date of What test confirmed diagnoss? 1aboratory Was there an autopsy? XES
15. MAIDEN NAME UNKNOW	- dead		23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME UDKNOW  16. BIRTHPLACE (city or town) U  (State or country)	nknown		Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT HOSpital r (Address)	cords		Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. Burnation or REMOVAL Plece Baltimore, Mid.	Oate Nov.	16 , 19 37	Manner of Injury
19. UNOERTAKER TUNNINGT ON & 20. FILED 1/15/, 19.57	Sol, Havro	de Grace,	24. Was disease or injury in any way related to occupation of deceased? No  If so, specify  (Signed)  M. D.  C. F. (Address) Vol. 10 Pirector.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10%
County C 1	Registration Dist. No.
Village or City Muss North East	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME ) forward of mis	erson If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (word)	21. DATE OF DEATH  November / 193 7.  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) Cua a 4 1934	lest sew h. M. alive on Dry ust 14, 1857; deeth is said
7. AGE Years Months Deys If LESS than I dey,hrs.	to heve occurred on the dete stated ebove, et
ormin.	were as follows:
8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Pickotts -
9. Industry or business in which work wes done as STLK MILL.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	Crobally brombo preumonia Devotion;
O 10. Date deceased last worked at this occupetion (month and yeer) spent in this occupation	one wak luga
12. BIRTHPLACE (city or town) North East PV	Other Cautributory Causes of importence:
(State or country)	(705h a premous m.6
13. NAME William R. Junierson	1
13. NAME Willow & Juneson  14. BIRTHPLACE (city or town) North East R. D.	Neme of operation Dete of Dete of
(State of country)	Whet test confirmed diegnosis? Deline an autopsy? Wes there an autopsy?
15. MAIDEN NAME 7 Corence of Solison 16. BIRTHPLACE (city or town) Conspendent	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) - conshiphorus (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Mà Wilbur Lubersur (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Inun M. E. Dete 100 14 , 195	Nature of injury
19. UNDERTAKER Joseph R Frank (Address) Worth Easy no	24. Wes disease or injury in eny way releted to occupetion of deceesed?
20. FILED // - 18 , 19 By tes lo. Cerless Registrar.	(Signed) Milyard N. Sprecher M. (Address) & lb Ing. Md
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Banimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
I LUREALI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11836
1. PLACE OF DEATH	210-m
· County Deed:	Registration Dist. No. 97
Village or City Elelan It W #	No. St., Ward
(16	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence incity or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME UN VALUE O COULTY C	If U. S. Veteran, specify WAR
(a) Residence: No (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SIX A COPOR OR BACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH // 7
M Suite OR DIVORCED Gerice the word).	(Month) (Day) (Yaar)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Jane Hann	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (month day and was from 2 3-1872	i last saw h alive on
6. DATE OF BIRTH (month, day, and year)  7. AGE Years   Wenths   Days   If LESS than	to have occurred on the data stated above, at 4.30 m.
65 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
Trade profession or particular	ware astolows:  Date of onset
kind of work done, es SPINNE SAWYER, BOOKKEEPER, etc. Sulliculum	As Il
kind of work done, es SPINNES LUCLUM SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL BANK etc.	<b>4</b> /40000.
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and spent in this	
this occupation (month and spent in this occupation	
Ences h &.	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Humas Hann.	
13. NAME JUNIOUS HUM.  14. BIRTHPLACE (city or town) Example.	Nama of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NANE My alle the Deort	23. If death was dua to expernal causes (VIOL ENCE) fill in also tha following:
15. MAIDEN NAME MY GIVE CH SEOUL  16. BIRTHPLACE (city or town). EV CLUM N. J.	Accident, sujetop, or home the length Date of injury 1934
State or country)	Whera did Injuly Bout Le 40 Elklin Hazeur  (Specify city or town, county and State)
17. INFORMANCE Steelight Sincelley	Specify whether Injury occurred in HOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Marie of Grand Factor Verda.
Place Fridgeton 12 Date Mr 10 1937	Manner of injury Continued of Section 1
2/1.0.	Natura of injery well a diameter.
19. UNDERTAKER T	24. Was disease or injury in any way retated to occupation of decased?
10 -6 0-0 0-	(Signad) (Signad) (M.D. M.D.
20. FILED 100 8, 1937 Frank Hager	(Address) Weing Sun Ind
	2412 N. Charles Street, Baltimore, Requesting V. S. No. z.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis DEC	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ğ

should state

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	1	6	0	200
1.	L	0	3	6

1. PLACE	OF DEA	TH			(131)
County					Registration Dist. No. 96
Village Or Length of re	CityVe	eterans!	dminista	cation Faci	11 tro, Perry Point, Md. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  3 ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL N	AME	HARDING	. He	enry	If U. S. Veteran, specify WAR Spanish American
					e, stid • Ward.
(4) 110014			(Usual place	of abode)	If nonresident give city or town and State
	NAL AN	ID STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
s. sex male	4. COLO	or or race	5. SINGLE, MAI OR DIVORCE	RRIED, WIDOWED, ED (write tha word) io d	21. DATE OF DEATH  November 6 , 193 7 (Month) (Day) (Year)
5a. If married, wide HUSBAND of (0s)-Williams	, -	orced • Henry Ha	arding -	maiden e unknown	22. I HEREBY CERTIFY, That I attended deceased from No veniber 3, 19.37 No veniber 6., 19.37.
6. DATE OF BIRTS	f (month, da	y, and year)	April 9,	1876	i last saw h_im alive onNovember_6, 19_37; death is said
	ears 61	Months 6	Days 27	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 11:00 nP .M.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profi	work dona	particular , as SPINNER, EPER, etc	Stone	mason	Myocarditis, chronic Unknown
industry of work w	business i	n which SILK MILL,			
10. Date decar this occ year)	upation (m	orkad at onth and QW.A	11. Total spe	time (years) ent in this cupationUNKNO_W	
12. BIRTHPLACE ( (State or co		New	York Cit	y, B.Y,	Other Contributory Causes of Importance:
™ 13. NAME	Unk	10 WI			
13. NAME 14. BIRTHPLAC	CE (city or t or country)	own) Unkr	OWD		Name of operation Clinical & laboratory What test confirmed diagnosis?reports Was there an autopsy? Was there and autopsy? Was the confirmed diagnosis? Was the confirmed diagnosis? Was the confirmed diagnosis? The confirmed diagnosis? Was the confirmed diagnosis?
15. MAIDEN N	IAME	Unknown			23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) Unknown (State or country)					Accident, suicida, or homicide?
17. INFORMANT Hospital Records (Address)					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
19- BURIAL, CREM	ATLON-OR	REMOVAL			Manner of injury
Place Ar	lingto	n Nat'L	Cematery.	11/8/87	- Nature of injury
266	Myer	- tool	2		24. Was disease or Injury in any way related to occupation of deceased? No AN
19. UNDERTAKER (Address)	PENNI	GTON & SC	W Havre	de Grace	If so, specify
20. FILED	1/5	19076 . 1	Dans	leis.	(Signed)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis / On F	3 days ago
		6.0	
		2	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ena Applica en la companya de la companya della companya de la companya della com			

ADDITIONAL SPACE FOR FURTH!	ER STATEMENTS BY PHYSICIAN
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Cerebral hemorrhage DEC 3	July 5, 1927	Peritonitis	3 days ago	
BUREAUV	S. II			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	nfor-	state	UPA-	
	ı of i	plno	1000	1
	iten	sh	Jo	1
	RD. Every	YSICIANS	statement	
9	r RECO	Y. PH	Exact	
NDING	RMANEN	XACTL	classified.	
FOR B	IS A PE	stated E	properly	certificate.
3	HIS	be	pe	Je
JARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	LY, W	carefu	TH in 1	portant.
0	RITE PLAIN	ion should be	USE OF DEA	N is very im
	-W	mat	CAI	TIO

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11839
1. PLACE OF DEATH	1833
County Open 1 p' 4	Registration Dist. No. 21
Village or City les afeuls wh	NoSt.,Ward
Length of residence in city or town where death occurred Arris Chaes	death occurred in a horpital or institution, give its NAME instead of street and number)
6/2.40. 6/1/	Bush
2. FULL NAME	Panewaster les la. 1/
(a) Residence About Wells (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 Str. ale Color or RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED Carrie the word!	21. DATE OF DEATH // // 193 (Month) (Day) (Year)
5a. If married, widowed ordivorced HUSBAND of Cor) WIFE or Ball abeth Strutzuj	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 9-24-1885	I last saw h allwe oh 19 death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 2m.
8 d   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINIUR & Chucul Cushie SAWYER, BOOKKEEPER, de Crus	Arvinea.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spant in this	
year) occupation	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or County Willem 12.	
(State or pointry)	3
13. NAME GOVEL DUNGSTONS  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Californile	What test confirmed diagnosis? Was there are all opsy?
TO DISTURDING COLOR	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, satisfies of homilian Policy 1. Date of Injury 1. 198
16. BIRTHPLACE (city or town) (State or country)	Where didnipper locate and all sale als all had
17. INFORMANT A D Chlapping (Address) & in fine Clock of the	(Specify eity or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner attributed of Muling into mate
Place Swamp durchate / car 13, 1937	Nature of injury Albrida
19. UNDERTAKER X - M. Mellinger	24. Was disease or injury in any way related to occupation of decaased.
(Address) Denver Da	If so, specify (Coracyce)
20. FILED 11/11 , 1937 18: H. Duswn Registror.	(Signed) (Address) Lain Glun M.D.
If more blonks are needed, oddress State Registror,	2411 N. Charles Street, Boltimore, Requesting U. S. No. 1.

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1 BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA-	1. PLACE OF DEATH	210-000
ould stat OCCUPA	County Lle	Registration Dist. No. 94
= '	Village or City Mr the East O	C No. St War
0	(If	death occurred in a hospital or institution, give its NAME instead of street and number)
YSICIANS	100.00.00 P.	ds. How long in U.S. If of foreign birth?yrsd
CL	2. FULL NAME COULT TO JOUR	If U. S. Veteran, specify WAR
stal	(a) Residence: No. (Usual place of abode)	V ASE, Mar C
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Y. PH Exact	3. SEK 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with worth)	21. DATE OF DEATH // 7 .193 7
T L ed.	5a, If married, widowed, or divorced	(Month) (Day) (Year)
A C T I	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, Thet I attended decassed fro
X TO .	6. DATE OF BIRTH (month, day, and year) 3 -/ 8- 37	I last saw h alive on 19 : death is sa
- 20	7. AGE Yaars Months Days If LESS then	to have occurred on the data stated above, at 51.30 m.
stated proper ertific	24 7 /6 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
		Data of onse
be of	SAW MILL, BANK, etc	JP D D PLOT
may back	9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	Garage Contract
sho t it r on b	U No. Data daceasad last worked at 11, Total time (years)	<i>i</i>
-1 -1 0	this occupation (month and spent in this occupation	
	12. BIRTHPLACE (city or town) tendsture, mun.	Other Contributory Causes of Importance:
d. s, so ructi	(Stata or country)	
plie rms nst	13. NAME De an Johnson	
illy supplied plain terms, . See instru	14. BIRTHPLACE (city or town) Find and	Name of operation Date of
ly s	(Stata or country)	What test confirmed diagnosis? Wes there an eutoper ()
carefully FH in planortant.	# 15. MAIDEN NAME / & glue letay.	23. If death was due to external causes (VIOLENCE) fill in also the following:
be careful EATH in p important.	15. MAIDEN NAME & GUE CAY.  16. BIRTHPLACE (city or town) North Engl Md.	Accident, suicide, or monicide? Legister Date of injury 7, 193
	(Stata or country)	Whera did Injury occur? CR Mula Vadad.  (Specify city or town, county and State)
should be car OF DEATH s very import	17. INFORMANT Kalle Johnson.	Specily whather injury occurred in DUSTRY, in HOME, for in PUBLIC PLACE.
should E OF D is very	(Address) My Ch East Mu.	June grade
T .	18. BURIAL, CREMATION, OR REMOVAL M. E. Piece North Cook, X-d. Date Nov. 10, 1937	Manner of injury
mation s CAUSE TION is	0	Nature of injury/ VDVS un / VCCCC
CA	19. UNDERTAKER Joseph T. Frank	24. Wes disease or injury in eny way related to occupation of deceased?
	(Addrass) north Each me	If so, specify for the country with Coronla
)	20. FILED //-/0-37, 19 Justo Wells. Registrar.	(Signed) (Signed) (Address) Using Sun Ind

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BURGILL V. S.			1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County Cell	Registration Dist. No. 9 V
Village or City telk nulls -	No. St., Wa (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 20 yrs.	mosds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Edward E. Lake	
(a) Residence: No. Tels ( mully (R 7 L)	L St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
M OR DIVORCED (write the word	(Month) (Day) (Year)
HUSBAND of Or Way Lake	22. I HEREBY CERTIFY, That I attended deceased from 1937 to Nov 10th 193
DATE OF BIRTH (month, day, and yeer)	, 150, 10
. AGE Years Months Days If LESS that	to heve occurred on the date stated above, at 2 a. m
73 7 24 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Teade, profession, or particular sind of work done, as SPINNER,	Date of one
SAWYER, BOOKKEEPER, etc.	cerebral
SAW MILL, BANK, etc.	henorhage 11-9-
10. Date deceased last worked at this occupation (month and //-5-37 spent in this occupation year)	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country)	astonian Planes
13. NAME Um Lake	
14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME TO Recel	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) The record	Where did injury occur?
7. INFORMANT CALL COLOR (Address) FOLIS TO THE COLOR C	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Jalium
Place Cerry Hell Med Date June 13, 193	Manner of Injury
9. UNDERTAKER J. FT. Janua	24. Was disease or injury in any way related to occupation of deceased?
(Address) Migray Du	If so, specify
20. FILED NOW 13, 1937 & Baux Bang	(Signed) Sallace m & huson M.
Registrar.	(Address) new firk sel

V. S. No. 1

B

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-IARGIN RESERVED FOR BINDING

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEAU V.S.			
Other contributory causes of importance:	1000000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis pro 3 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PAINEAU V. O.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATH
----------	-------	---------	----------	----	-------

1. PLACE OF DEATH	210-m
County C WITMIN CORPORATE	Registration Dist. No. 92
Village or City Elitton	No. Cur 2 tripilal St. Ward
Langth of rasidenca in city or town where death occurred vrs mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Langer of fasidence in city of town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of The Namence 116	Carus/If U. S. Veteran, specify WAR
(a) Residence: Not	St., Ward. ardmore, Pa. V
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
mule ( P T OR DIVORCED (write tha, word)	Nov. 7
5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Many and Meanus	22. I HEREBY CERTIFY, That I attandad deceased from
9 11/1474	, 199-1-, to, 199-1-
7. AGE Years Months Days If IESS than	i last saw how alive on , 19 1 ; daath is said
7. AGE Years Month's Days If LESS than I day,hrs.	to have occurred on the date stated above, at 3 2 2m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wara as follows:
Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Frankred Skiell
SAWYER, BOOKKEEPER, atc	Ceratral hamonhage
Work was done as SH K MHI	
0 10. Data daceasad last worked at 11. Total time (years)	
this occupation (month and yaar) spent in this occupation	
12. BIRTHPLACE (city or town) Philadelphia	Other Contributory Causes of importance:
(State or country) Par	
13. NAME to hu Laurence Meanis	
13. NAME to the Laurence Meaning  14. BIRTHPLACE (city or town). Phila delphia	Name of appeting
(State or country)	Name of operation Date of
15. MAIDEN NAME no information	What tast confirmed diagnosis? Was there an autopsy?
E 2	23. If daath was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 20 who they (State or country)	Accidant, suicide, or homicide?
Of the man	(Specify city or town county and State)
(Address) 20th walning of Philake	Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury automobile accident
Placa 1224 / a Date 7401. 10 , 19.3 ]	Natura of injury.
19 UNDERTAKER 24 . W. Pignin	24. Was diseasa or injury in any way related to occupation of deceased?
(Addrass) Elkton Ind	If so, spacify
20, FILED Nov 8 1937 Frank Frager	(Signad) M. D. M. D.
Registrar.	(Addrass) Elpin my

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	Tyear
		- A	4.
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	16 193
			1 week ago 1 week ago 3 days ago
			100

V. S. No. 1

item of infor-	should state	of OCCUPA-	\
BAWRITE PLAINLY, WITH UNFADING INK THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	\
ERMANENT	EXACTLY	classified.	e.
IIS IS A P.	be stated	be properly	of certificat
ING INK-TH	AGE should 1	o that it may h	TION is very important. See instructions on back of certificate.
ITH UNFAD	lly supplied.	plain terms, s	See instruc
LAINLY, WI	ild be carefu	DEATH in 1	ry important.
WRITE P	mation shor	CAUSE OF	TION is vel
8	I	)	

				CB
STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH

11844

1. PLACE OF DEATH	210 m
County WITMIN CORPORATE	LIMITS OF Registration Dist. No. 92
Village Dr City Ells W. (If	the St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	de How long In U.S. if of foreign birth?yrsmosds_
2. FULL NAME N'as 4 and M me	GWIF O.S. Veteran, specify WAR
(a) Residence: No. a dume (Usual place of abode)	St., Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OF DIVORCED write the worth	21. DATE OF DEATH Nov. 7th, 1937. (Month) (Day) (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Corn WIF	22. I HEREBY CERTIFY, That I attended deceased from  7. 1937, to 7. 1937.  I last saw here on 1937, 1937; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Fractured Skeell
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Olcula 61a.	Other Contributory Causes of Importance:
(State or country)	
13. NAME / M. Perifice 13. NAME / M. Perifice 14. BIRTHPLACE (city or town) Dlula Pa.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME NO refuelle	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? acceded Date of injury 7, 1937
(State of country)	Where did injury occur? Results 45 46 (Specify city or town, county and State)
17. INFORMANT To the of Walnut Sts. Phila Pa.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMOTION, OR REMOVAL Place Fa. Date 1937	Manner of injury automobile acade 1
19. UNDERTAKER HW Peppin (Address) Effether . Med	Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED NOV 8 , 1937 & Saust Frage.	(Address) Lekton 2014
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	neka ji
Gallstones	May 1,1923	Gastroenteritis	1 year
			I.

V. S. No. 1

state

County Co	cil WITHIN	- SORPORATE L	IMITS OF	Registration Dist. No. 9 7
		eath occurred1.3		No
2. FULL NAME (a) Residence:	27.8	ence Mille kton, Heig (Usual place of	hts	St, Ward.  If nonresident give city or town and State
PERSONAL	AND STATISTI	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. Female	COLOR OR RACE White	5. SINGLE, MARRIE OR DIVORCED ( Married	write tha word)	21. DATE OF DEATH  November 19, 1937, 193  (Month) (Day) (Year)
5a. If married, widowed, of HUSBANO of (or) WIFE of	divorced James Hahil	ton Miller		22. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1937, 19, to. Nov. 19, 1937, 19
6. DATE OF BIRTH (mon 7. AGE Years	h, day, and year) Au Months	Oays	If LESS than	I last saw h. e. alive on Nov. 19, 1937, 19; daeth is sai to have occurred on the date stated above, at 10.00 Rn. Ma
56	3		1 day,hrs. ormln.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
9. Industry or busin	e, as SILK MILL, NK, etc t worked et (month and	11. Total time spent i occupa	n this	Rimany cause of the pulmonary aderous:  Roghnolose Quiters.  Physician news sittended Secented Leforen
12. BIRTHPLACE (city or (State or country)				Other Contributory Causes of Importance:  No. mose abtoinables.
13. NAME DE	niel Stodda	n+		
I	or town) Phila			Name of operation Oate of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Unknown  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. Herold Perkins				23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT & (Address)	Elkton			Specify who we may construct in the control in the
18. BURIAL, CREMATION		, ,	× 23,1937	Manner of Injury
19. UNOERTAKER(Address)	19, J. J	mes	pul	24. Was disease or injury in any way related to accupation of dacaated? No.

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(Address)

Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The state of the s			

DUCUMEN No. 1. Septiment of the control in a hospital or institution, give its NAME interest of attents and anathor)  Length of realdance injuly or form object death occurred. 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 4st. No. (lipid in U. S. Ir of Iretals bith? 199 mos. 199 mos	A. te	STATE OF MARYLAND	CERTIFICATE OF DEATH
DOUGHE OF THE PRICE PRICE HORSE HORS	nfor- state JPA-	1. PLACE OF DEATH	- CO MD 0.7
Village or City Change of City Chang		County Column	Registration Dist. No. 99
Laugh of residence in jorky or town where death occurred.  2. FULL NAME  3. PERSONAL AND STATISTICAL PARTICULARS  4. PURP PARTICULARS  5.	shot of O		No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No.  (b) Honoraidont give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (c) COLOR OX RACE  5. SINGLE, MARRIES, WINDOWS  5. Ill married, widowed, and with which of the wood of D. WORTS  5. Ill and the widowed of diversed does as SPINING, where the wood of D. WORTS  6. DATE OF BIRTH month, day, and with which of the wood of D. WORTS  7. AGE  Year:  Months  Day:  1 Itals saw h. silva on.  1 Ital	7. 70		
(a) Residence: No.  (b) Honoraidont give city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  (c) COLOR OX RACE  5. SINGLE, MARRIES, WINDOWS  5. Ill married, widowed, and with which of the wood of D. WORTS  5. Ill and the widowed of diversed does as SPINING, where the wood of D. WORTS  6. DATE OF BIRTH month, day, and with which of the wood of D. WORTS  7. AGE  Year:  Months  Day:  1 Itals saw h. silva on.  1 Ital	Evel CIAI emel	2. FULL NAME TOUR & Suu	MUST Y. S. Véteran, specify WAR
DUNGATE OF DEATH  S. SINCE MARRIED MIDOWED  OR DIVERCES with the work  S. LI Partied without of diversed discovered disco	RD. YSI stat		If nonresident give city or town and State
DEFINITION OF THE PROPERTY OF	P. B.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
THE PRINCIPAL CAUSE OF DEATH and palated causes of importance with save from this occupation of the palatest o	TT RI		11 3 193 7
S. DATE OF BIRTH (month, day, and year)   19.   1   1   1   1   1   1   1   1   1	E T I E	5a. If married, widowed, no divorced	(month) (Day) (Tear)
TAGE Varis Months Days II LESS than the date stated about AT Common to have occurred on the date stated about AT Common to have occurred and the date stated about AT Common to have occurred and of work one as SPIKNER.  Date of work as done on the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to	MAN A C assif	HUSBAND OF Jarah J. Juin	22. I HEREBY CRIFY. That I attended daceased from
TAGE Varis Months Days II LESS than the date stated about AT Common to have occurred on the date stated about AT Common to have occurred and the date stated about AT Common to have occurred and of work one as SPIKNER.  Date of work as done on the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to have occurred in the date stated about AT Common to	SIN SIN SIN SIN SIN	6 DATE OF RIPTH (month day and year) (88) 21 18 70	I last saw h aliva on 9 death is said
SHILL AM HILL BANK, etc.  10. Data decessad last worked at this occupiling registry of the state	Pl Pl d l d l srly cat		21104
SHILL AM HILL BANK, etc.  10. Data decessad last worked at this occupiling registry of the state	OR A ate		Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
A SHE HAND IN THE PROPERTY OF	FI IS st. st. pr. pr. cer	8. Trade profession or particular	Were as follows:
THE PROPERTY OF DUSINESS IN Which work was done as SILK MILL.    SAM MILL, BANK, etc.	IIS IIS be be of	kind of work done, as SPINNER, ouductor	Nela talin
NIBORY  Name of operation.  Name of operation.	VE-TI	Industry or business in which	1/2
NIBORY  Name of operation.  Name of operation.	K-K-noun	SAW MILL, BANK, etc.	Heart.
NIBORY  Name of operation.  Name of operation.	IN I	this occupation (month and 10 5-4 spent in this	Crimony, Ca. 10.3 Coronory of O Destin
12. BIRTHPLACE (gity or town) (State or country) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  17. INFORMANT  18. BURTHPLACE (city or town) (State or country)  18. BURTHPLACE (city or town) (State or country)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURTHPLACE (Reity or town) (State or country)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURTHPLACE (Reity or town) (State or country)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURTHPLACE (Reity or town) (State or country)  19. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURTHPLACE (Reity or town) (State or country)  19. UNDERTANT (Address)  20. FILED  20. FILED  20. FILED  21. BIRTHPLACE (city or town) (State or country)  Name of operation.  Name o	RE G GE har	year) VIIV 1 Joccupation	5
Name of operation.  Date of	N A of	12. BIRTHPLACE (gity or town) + redericles:	Circle of importance.
Name of operation.  Date of	AD AD Sd. S, S. S. S.	(State or country)	
Name of operation.  Date of	R(NF NF plice in inst	13. NAME John S. Quinn	
What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Place  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  19. UNOERTA REMOVAL  (Address)  19. UNOERTA REMOVAL  (Address)  19. UNOERTA REMOVAL  (Address)  (Address)  (Signed)  (Signed)  (Address)	t b d a	14. BIRTHPLACE (city or town)	Name of operation Date of
Accident, suicide, or homicide?    Accident, suicide, or homicide?   Date of injury   19   19   19   19   19   19   19   1	In Section 19	(State of country)	
Accident, suicide, or homicide?    Accident, suicide, or homicide?   Date of injury   19   19   19   19   19   19   19   1	WIN Full nt.	15. MAIDEN NAME Susan Miller	
17. INFORMANT LIGHT A CREMATION OR REMOVAL AND LOCAL AND LIGHT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a ii ii	16 RIPTHPLACE (city or town)	01 100 8
17. INFORMANT LIGHT A CREMATION OR REMOVAL AND LOCAL AND LIGHT Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address) 2 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T. S. Dod	(Stata or country)	
Place of survey to the state of language of injury.  18. BURIAT, CREMATION, OR REMOVAL STATE STA	2 A B D V		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place of My Date Vision 19-37.  19. UNDERTAKE CONTROL OF CONTROL O	P P Ve		
(Address) Permy reflex, Will, If so, specify (Signed) Clabort M. D. (Signed) (Address) M. D. (Address) M. (Address	2 5 5 5 5	Place My Burney tow Date Vision. 3, 1937.	
20. FILED/ - 3 187 to Sauleus/ Registrar. (Signed) Claw Grand M. D.  (Address Claw Grand M. D.  (Address Claw Grand M. D.	WE MATE		24. Was disease or injury in any way related to occupation of deceased?
> Zi 20. FILED 18 f 20 Student Registrar. (Address Claury See Mid.	N N	(Address) Jerry vyky Mill,	
	Si 7		
	PA	Registrar.	(Address) Clary Oll Mul.

Low See, Mr. Flas

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	80, 18/0	
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:  Gastroenteritis

STATE OF MARYLAND—	CEPTIFICATE OF DEATH Phone
1. PLACE OF DEATH	CERTIFICATE OF DEATH
County Cecil	Registration Dist. No. 2/
Village or City Chesaprake City R	V No.
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
7/ 202	, and the state of
2. FULL NAME / Terry / Choude	If U. S. Veteran, specify WAR
(a) Residence: ND. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH    Description   O   193   7   193   1
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Fleuriella / Curacut	22. I HEREBY CERTIFY, Thet I ettended deceased from 19.37, to // oreginal / 3, 19.37
6. DATE OF BIRTH (month, day, end year) Mcl. 2 1871	Tlast saw ham Jalive on Manager 10 , 19 37; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated ebove, at 12:30 Am.
66 8 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Facure SAWYER, BOOKKEEPER, etc	Date of office
9. Industry or husiness in which	Manday unema for 1922
SAW MILL, BANK, etc	in pepus accer
O 10. Date deceased last worked at this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Chescheake Cily RD	Other Contributory Causes of importance:
(State or country)	Mustande dugan
13. NAME vseph Rhoades	- In formation of the second
2 14. BIRTHPLACE (city or town) Washing of	Neme of operation
(Stete or country) May land	What test confirmed diagnosis? Sachue Good Was there an autopsy? W
15. MAIDEN NAME Lyabeth Plaskins	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
74 4 RP 1.	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT Christian Chronics (Address) Chropeake Cile nd KD	specify whether injury occurred in INDUSTRY, IN NUME, OF IN PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Marcon Ceruity Date Mar /3, 1937	Neture of Injury.
19. UNDERTAKER / V. C. J.	24. Was disease or Injury in any way related to occupation of deceased?
20, FILED 11/13, 1937 /3·H. Brown Registrar.	(Signed) Francisco M. D. (Ardress) Claton, Wol
If more blanks are needed, address State Registrar,	1411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	b if	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
-			

	ADDITIONAL	SPACE I	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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-WRITE PL

V. S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County Cecil	Registration Dist. No. 9/
Village or City Chesapease City	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Churie 1/Koy	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Colored  Colored	21. DATE OF DEATH  (Month)  (Oay)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Reuben Roy	22. HEREBY CERTIFY, That I ettended deceased from  1937, to Upremfer 13, 1937.
6. DATE OF BIRTH (month, day, and year) no unformation	I last sew h. a alive on Woulden Le 12 , 19 57 ; death Is said
7. AGE Years Months Oeys If LESS than 1 day,hrs.	to have occurred on the date steted above, et _2 _1_20_1 _m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	agute Delatation of heart 11/13/27
kind of work done, as SPINNER, At November 1	der Cotte lineff. 1934
10. Date deceased last worked at this occupation (month end year) spent in this occupation	
12. BIRTHPLACE (city or town) Pa	Other Contributary Causes of importance:
13. NAME no informative	
13. NAME No reformation  14. BIRTHPLACE (city or town)  (State or country)  13. NAME No reformation	Name of operation Date of What test confirmed diegnosis?  Was there an autopsy? What test confirmed diegnosis?
15. MAJOEN NAME arine washington	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME Cruise Vershington  16. BIRTHPLACE (city or town) wifty into a country)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Robert Brody (Address) Charoling Color	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marion Cerreley Date New 16, 1937	Manner of injury
19. UNOERTAKER 2V. WPignia (Address) Elkton 3nd	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 1//16 , 1937. B. H. Brown Registrar.	(Signed) M. D.
	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Mau 1.1923 Gastroenteritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(2.0)
County Creek	Registration Dist. No.
Village or City Cesellor	No St Word
(If Length of residence in city or town where death occurred 4.7 yrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Wartha C. Short	
	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OI DIVORCED (write the word)	21. DATE OF DEATH povember 9 ,193 7
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of Erroch S. Short	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) war. 30 - 1855	I last saw he alive on now 8 , 19. 7 7; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:45m.
82 7 9 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Chrowe typelension 1936.
9. Industry or business In which work was done, as SILK MILL. SAW MILL, BANK, etc	Cerebral Kemonkage 10/50/3
S. Irada, profession, or particular kind of work done, as SPINNER, for work done, as SPINNER, for work was done, as SILK MILL, for work work was	
10-0	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) - A Lawrence (State or country)	
	Jennas broneas -
10-1	Julium 111 6/5/
[ 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy? Was there are a was the was th
	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) DECEMBER (State or country)	Accident, sulcide, or homicide?
0	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT CANADA AND CALLED CONTROL (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Batthet Camelary Date 100, 12, 1937	Nature of Injury
19. UNDERTAKER John H Coffhage (Address)	24. Was disease or injury in any way related to occupation of daceased?
max 11 32 1661	(Signed) A. P. Cwekty M.D.
20. FILED 19 19 Registrar.	(Address) Mullellitothy Del
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	Sec. 9 1037	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1 26 26	July 5,1927	Peritonitis	3 days ago	
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11850
1. PLACE OF DEATH	(QLP)
County Locul 0	Registration Dist. No. 95
Village or City / Likeng Sun	∼ No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How Jong In U.S. if of foreign birth?yrsmosds.
X O O O XO	andles.
2. FULL NAMELLINE WORK OF C	If U.S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	"St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR-OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Weer)
50. If married, widowed, or divorced HUSBAND of Cor) WIFE MILEUY E Shangler.	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 2 8-1897.	19
7. AGE Yeers Months Deys If LESS then	to have occurred on the date stated above, at
40 7, 1dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were es follows:
Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.  11. Total time (yeers)  This occupation (month and spent in this security in this	Hundows
SAW MILL, BANK, etc.	
O 10: bete decessed last worked et this occupation (month end year) spent in this occupation.	
he.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Ed Shamgler.	
13. NAME 20 Spainty 14. BIRTHPLACE (city or town)	Name of operation Dete of
L. (State or countly)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Cosie Thanker.	23. If death wes due to externel causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME CORE of COUNTRY.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did Injury occur?
17. INFORMANT PERSONAL PROCESS	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury 2000
Place Joanobs La, Date Jul 7, 1937	Neture of injury
19. UNDERTAKER & S. Jorge Sun Mod.	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify Corwey
20. FILED TO TO THE REGISTRAT.	(Signed) (Shocks file) M.D. (Address) July M.D.
I more blogs are moded, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Belletta.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		*	

PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RES mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. -WRITE PL

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11851
1. PLACE OF DEATH	(31)
County Ceciel	Registration Dist. No.
Village or City Port Depoist	No. 16 Coutto St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Flances Dilde	w.
(a) Residence: No. / 6 Center (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Temple Megro Sa. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF (Or) WIFE OF M. Emmery Tildore	22. HEREBY CERTIFY, That I attended deceased from 1937, to m. 4, 1952.
6. DATE OF BIRTH (month, day, and year) the year 1877	I last saw h Le alive on M. 4 , 4 , 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at. 2
60 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cardis - vascular nend disen
S. Irada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	
f 0. Data deceased last worked at this occupation (month and year) year)	
12. BIRTHPLACE (city or town) Post Dlapaist	Other Contributory Causes of importance:
(State or country) Menglenel	Berebral Hemorrhay, -
E 13. NAME Unforowar	4
13. NAME Unforcework  14. BIRTHPLACE (city or town)	Nama of operation
(State of Country)	What test confirmed diagnosis? Columnad Was there an au'opsy?
# 15. MAIDEN NAME Theleware	23. If daath was due to external causes (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mus Marie Boul	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Part Slepsest, Wed.	Manner of injury
Place Coulesbury Centrale 200. 7, 1937	Nature of injury
19. UNDERTAKER LINE & Bullock (Address) The 172 de Inease Dud	24. Was disaase or injury in any way ralated to occupation of deceased? 10.
20. FILED // -6 , 13 7 6 Handers Registrar.	(Signed) Mulford N x eeler M. D.  (Address) Sollo In Lind
If we blok a sold the Con D	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 18 10 4.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	YSICIAN
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1. PLACE OF DEATH		9370	-/
County Cell		Registration Dist. No	96
Village or City Port Def		NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo	.St.,Ward
Length of residence in city or town where	leath occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME yala (a) Residence: No.	are Trimble		
	(Usual place of abode)	St., Ward.	town and State
PERSONAL AND STATIST	CAL PARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
PERSONAL AND STATIST  3. SEX  4. COLOR OR RACE  Female Huite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH NOV. 10 (Month) (Day)	, 193 7
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Tru	. 00		(Year)
(or) WIFE of Joseph In	mble	22. I HEREBY CERTIFY, That I	attended deceased from
6. DATE OF BIRTH (month, day, end year)	ly20. 1860	I last saw Ine V alive on Nov-10-	19 8 7. deeth is said
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  3	Days If LESS than	to have occurred on the date stated above, at \$Q_1_m,	
77   3	20 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importa	,
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Houseinle	anonic Myocardo	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	our Home.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1/23
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) 57.		
	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	, 4	anten Xalana	103.5
13. NAME Edward Rea	l	MOSIG BUX WELLS	17000
14. BIRTHPLACE (city or town) (State or country)		Name of operation	Date of
置 15. MAIDEN NAME Mary Jam	e Brown	23. If death was due to external causes (VIOL ENCE) fill in also the	
16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of injury	
17. INFORMANT (Address)	Tramble	Where did injury occur?(Specify city or town, county Specify whether injury occurred in INDUSTRY, in HOME, or in PU	and State) BLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Pa/Date Nov. 13 1937	Menner of injury	
of of Ocalella		Neture of injury	110
19. UNDERTAKER Peach Sott	A	24. Was disease or injury in any was related to occupation of deceing if so, specify	ased?

STATE OF MARYLAND-CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5, 1927	Peritonitis	3 days ago
outher.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No.

state

County	(63)
County	Registration Dist. No. 96
Village or City Veterans' Administration Faci (II  Length of residence in city or town where deeth occurred yrs mos  2. FULL NAME WEININGER, John G,	litmo Perry Point Maryland St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  15. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  If U.S. Veteran, specify WAR World War  MOIST, Md. Ward.  If nonresident give city or lown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  No wember 8, 1937 (Per)  (Worth) (Per)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from October 24 ,19 37, to November 8, 19 37
6. DATE OF BIRTH (month, dey, end yeer) Oct. 28, 1892	I last saw him_elive on
7. AGE Yeers Months Deys If LESS then 1 day,hrs. ormin.	to heve occurred on the dete stated above, et. 11:25 Mo The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc Farmer  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and year)	General Paralysis of the Iname unknown  Other Ceatributery Causes of Importance:
12. BIRTHPLACE (city or town) Baltimore, Md.  (State or country)	
13. NAME Adam Weininger -	
13. NAME Adam Weininger -  14. BIRTHPLACE (city or town) Vnknown (Stete or country)	Neme of operation Clinical & laboratory What test confirmed diagnosis?
15. MAIDEN NAME Ann Thiem  16. BIRTHPLACE (city or town) Unknown (Stete or country)  17. INFORMANT Hospital records (Address)	23. If deeth wes due to externel ceuses (VIOLENCE) fill In elso the following:  Accident, sulcide, or homicide?
18. BURNAL, CREMATION, OR REMOVAL Place Baltimorel Md. Dete Nov. 8 19 37	Manner of injury
19. UNDERTAKER & Globard Ster (Address) F. ROLAND HERRS 931 Century  20. FILED 11 — Baltimore, Md. & Sauder Registrar.	24. Wes disease or injury In any way related to occupation of deceased? NO  If so, specify  (Signed)  Roy DAVIS M.D. Clinical Director  (Address) Volume Factility Ferry Points  2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy ,	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 11 11	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis Billian 16 1937	1 year
		The state of the s	

<b>♦</b> ‡ ₹	STATE OF MARYLAND—	CERTIFICATE OF DEATH 11854.
state UPA	1. PLACE OF BEATH	180
tem of info should stat of OCCUPA	County let	Registration Dist. No. 95
item sho	Village or City / Luc Ove	- No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length of residence in city or town where deeth occurredyrsmos	
SD. Every YSICIANS statement	2. FULL NAME Agence Deglier	LHU. S. Veteran, Specky WAR
CORD. Every PHYSICIANS oct statement	(a) Residence: No. (Usus place of abode)	If nonresident give city or town and State
RECC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RILY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOQWED, OK DIVORCED (write the word)	21. DATE OF DEATH // /2 193 7
DING ANEN ACT Ssifted	5e. If married, wideward, or divorced HUSBANO of	(Month) (Oey) (Year)
Z Z R	(or) WIFE OF THE MAY I CLOSE	22. I HEREBY CERTIFY, That I ettended decesed from
A	6. DATE OF BIRTH (month, day, and yeer) 4-26-1900	I last saw h; deeth is seid
FOR IS A I stated properlertifica	7. AGE Years Months Oays If LESS than 1 dey,hrs.	to heve occurred on the dete steted above, a . Y . m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importance
FO IS stat prop	ormin.	were as follows:  Oate of onset
HIS be be of	STrede, profession, or particular kind of work done, es SPINNER, to Mechanic	from your about
RV ould may back	kind of work done, es SPINNER,  SAWYER, BOOKKEERER, do Mechanico  9-Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10: Dete decessed last worked et this occupation (month and	mound of
SE SH SH		left sicy of
7 4 - 0	year) occupation	Other Contributory Causes of importence:
GIN TADII ied. 18, so tructi	12. BIRTHPLACE (city of fown) 4 CMCMC C (State or equntry)	
ARG. UNFA pplied terms, instru	13. NAME COUNCE Krilson	
H U y sup ain te	13. NAME COMES TO COME TO THE THE TO COME TO C	Neme of operation Dete of
TI III	State or gouffry)  15. MAIDEN (NAME & GON Sundamova	What test confirmed diegnosis? Wes there an autopsy?
a i i	16. BIRIHPLACE (city of way y theritle I a.	23. If death was due to external ceuses (VIOI ENCE) fill in elso the following:  Accident, suicide, or handstand the base of injury 1/12 19 3
ATALY, id be ca DEATH y import	16. BIRIHPLACE (city of own y then the fac.) State or county)	Where did injury occup tome, / Kluedine Ceull
	17. INFORMATION IN IT ILSON	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
S PLA Should OF D	18. BURIAL, CREMATION, OR REMOVAL	Hong lest nound
E . E	Place Pose Banks oete 401/5, 1937	Neture of injury left client & left Cexillary
WRIT WRIT Mation CAUSI	19. UNDERTAKER & G. Jysipi	24. Wes disease or injury In any wey releted to occupetion of deceased?
S. No.	(Address) Austry Sten Ma.	If so, specify of formal by A Coroner
ż ż	20. FILEO //- 13 193) Worthwater Registrar.	(Signe 1) (Classiff of the Myo.
Vernis		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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N	*	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923		1 year
	July 5,1927	1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PHYSICIANS should state AD. Every item of infor-Exact statement WITH UNFADING INK-THIS IS A PERMANENT RE EXACTLY. properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. AGE should be stated CAUSE OF DEATH in plain terms, so that it may be ation should be carefully supplied.

-WRITE PL

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH	The second secon	
County CCC	Registration Dist. No.	
Village or City Blue Ball	ND. St. W	Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Harry & Wilson	If U. S. Veteran, specify WAR	
(a) Residence: ND.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male 4. COLOR OR RACE 5. SINGLE, MARRIED. WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar	r)
5a. If married, widowed, or divorced HUSBAND of Sarah Payne Wilson (or) WIFE of	22. AL HEREBY CERTIFY. That I attanded deceased	from
6. DATE OF BIRTH (month, day, and year) Get 15 1902	I last saw h.1111 elive on 100 16 19.3) death is	.J
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 12.15Am.	Smid
3 5 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
S Trade, profession, or particular kind of work done, as SPINNER, Laborer SAWYER, BDOKKEEPER, etc	were as follows: Lilledie Dig.	34
SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, Brick Plant		
SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and this occupation (month and the second in this occupation than the second in this occupation (month and the second in this occupation).		
yaar) / 436 occupation occupation	Other Contributory Cause of importance ? • ()	
12. BIRTHPLACE (city or town) North East RD  (State or country)	Cardeac Failure 193	37
13. NAME Harry L Wilson Sx		
13. NAME Harry Latton Sx  14. BIRTHPLACE (city or town) North East RD	Name of operation	
(Stata of Country)	What test confirmed diagnosis? X-rey Was there an autopsy?	
15. MAIDEN NAME Dusau Wilson	23. If death was due to external causes (VIOLENCE) fill In also the following:	0
15. MAIDEN NAME Susan Wilson  16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19	
(Stata or country)	Where did injury occur?	
17. INFORMANT Hany & Wilson or (Address) North East med	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury	
Place Bethel Cauchy Oate Mr 19, 193	Nature of injury	
19. UNDERTAKER 24. W. Pignie	24. Was diseasa or injury in any way related to occupation of deceased?	
(Address) Elitor II	If so, specify	
20 FILED 11-19 1937 & S Grant	(Signed) Group the Knauf	M. D.
20. FILED	(Address) / Vixing Myn ti	16

STATE OF MARYLAND—CERTIFICATE OF DEATH

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į į	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	100	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis 3	1 year
	1937	
	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance: